

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 815 Slaters Lane			Amount 407581.60		
City State Zip Code Alexandria VA 22314		Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014			
Purpose of Expenditure TV/media placement		Category/Type 004			
Name of Federal Candidate Bill Enyart		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 472581.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee IMGE			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 603 King Street, 4th Floor			Amount 45000.00		
City State Zip Code Alexandria VA 22314		Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014			
Purpose of Expenditure Digital advertising		Category/Type 004			
Name of Federal Candidate Bill Enyart		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 472581.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			452581.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Caleb Crosby		[Electronically Filed]		Date MM / DD / YYYY 10 / 29 / 2014	

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RedPrint Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 311 S. Fillmore St.		Amount 20000.00	
City Arlington	State VA	Zip Code 22204	Transaction ID : 003
Purpose of Expenditure TV/media production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Bill Enyart		<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 12 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 472581.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	472581.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2014

Signature